# **APPLICATION** for Holy Orders



# Applicant Information

| Full Name  |                |          | [             | Date             |  |
|--|----------------|----------|---------------|------------------|--|
|  |                |          |               |                  |  |
| Address  |                |          | /             | Apartment/Unit # |  |
| City   |                |          | State_        | ZIP              |  |
| Home Phone   | Cell           |          | Email         |                  |  |
| Place of Baptism   |                |          |               | Date             |  |
| Place of Confirmation  |                |          |               | Date             |  |
| Spouse's Name  |                | Spouse's | DOB           | Date of Marriage |  |
| Vocational Diaconate 🔲 OR Trans  | itional Diacon | ate 🔲    |               |                  |  |
| Have you ever been in discernment with another diocese or ecclesiastical body? | 🗖 Yes          | 🔲 No     | Diocese       |                  |  |
| Denomination   |                |          |               | Date             |  |
| Have you ever been ordained?   | Yes            | 🗖 No     | lf yes, when? |                  |  |
| Have you ever been divorced?   | 🗖 Yes          | 🗖 No     | If yes, when? |                  |  |
| Education  |                |          |               |                  |  |
|  |                |          |               |                  |  |
| Graduate School  |                |          |               |                  |  |
| Address  |                |          |               |                  |  |
| City   |                |          | State         | ZIP              |  |
| From To Did yo   | ou graduate? [ | Yes      | No Degree _   |                  |  |

| College                                   |    |                         |      |        |     |
|---|----|-------------------------|------|--------|-----|
| Address                                   |    |                         |      |        |     |
| City                                      |    |                         |      | State  | ZIP |
| From                                      | То | Did you graduate? 🗖 Yes | 🔲 No | Degree |     |
| Additional Certifications/TrainingCollege |    |                         |      |        |     |

## References

### Please provide three references: one church leader, one professional, one personal.

| Full Name | Relationship     |
|-----------|------------------|
| Church    | Phone            |
| Address   | Apartment/Unit # |
| City      | State ZIP        |
| Email     |                  |
| Full Name | Relationship     |
| Church    | Phone            |
| Address   | Apartment/Unit # |
| City      | State ZIP        |
| Email     |                  |
|           | Relationship     |
| Church    | Phone            |
| Address   | Apartment/Unit # |
| City      | State ZIP        |
| Email     |                  |

# Work History

Please submit your current resume/CV to the email address noted on the final page of this application OR complete this section.

| Company          |    | Phone              |  |
|------------------|----|--------------------|--|
| Job Title        |    |                    |  |
| Address          |    |                    |  |
| City             |    | State ZIP          |  |
| Responsibilities |    |                    |  |
|                  |    |                    |  |
| From             | То | Reason for Leaving |  |
|                  |    |                    |  |
|                  |    |                    |  |
| Company          |    | Phone              |  |
| Job Title        |    |                    |  |
| Address          |    |                    |  |
| City             |    | State ZIP          |  |
| Responsibilities |    |                    |  |
|                  |    |                    |  |
|                  |    |                    |  |
| From             | То | Reason for Leaving |  |

| Company   | Ph                 | one         |  |
|---|--------------------|-------------|--|
| Job Title   |                    |             |  |
| Address   |                    |             |  |
| City  | State              | ZIP         |  |
| Responsibilities  |                    |             |  |
|   |                    |             |  |
| From To   | Reason for Leaving |             |  |
|   |                    |             |  |
|   |                    |             |  |
|   |                    |             |  |
| Military Service  |                    |             |  |
|   | -                  | <del></del> |  |
| Branch  | From               | lo          |  |
| Rank at Discharge   | Type of Discharge  |             |  |
| If other than honorable, explain (submit additional pages if no | ecessary)          |             |  |

#### Please read carefully before signing.

By signing this document: I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application or interview(s) may result in my release and termination from the process and/or impaired or terminated status with the Diocese of Churches for the Sake of Others.

I understand that the Bishop, Regional Deans, and other administrative personnel may have access to the information provided as needed for the purpose of processing and discernment. I also acknowlege that the Diocese of Churches for the Sake of Others is a constituent member diocese of the Anglican Church in North America, and the results of and a description of my discernment process may be shared as needed with other ACNA Bishops or Canons to the Ordinary (or other designated ordination leader).

I hereby authorize any person, company, church, and/or educational institution I have listed as a reference in my application to fully disclose in good faith any information they may have regarding my qualifications, unless I have indicated "do not contact" and provided an explaination.

| Full Legal Name (Please Print) _ |      |  |
|----------------------------------|------|--|
|                                  |      |  |
| Signature                        | Date |  |

## Submit Documents

Once complete, save your application and title it using the convention "Application\_First Name Lastname\_DATE.pdf". Email to **ordination@c4so.org.** Along with the application, please submit the following documents, and any other supporting documentation you would like to provide.

#### Please indicate the documents you have submitted.

#### Resume/ Curriculum Vitae

Not required if Previous Employment is completed. Format the file name "Resume\_Firstname Lastname\_DATE.pdf"

#### Spiritual Autobiography

This should clearly express your call to holy orders in the context of your personal history(approximately 8 pages double spaced). Format the name "Autobiography\_Firstname Lastname\_DATE.pdf"

| Undergraduate Transcripts | Date Transcripts were ordered |
|---------------------------|-------------------------------|
| Postgraduate Transcripts  | Date Transcripts were ordered |

| Please have transcripts sent directly to ordination@c4so.org o | r |
|--|---|
| C4SO, P.O. Box 989, Franklin TN, 37065                         |   |